Form **84**3

(Rev. August 1990)
Department of the Treasury
Internal Revenue Service

Claim for Refund and Request for Abatement

► See separate instructions.

OMB No. 1545-0024

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If your claim is for an overpayment of income taxes, do NOT use Form 843.	
Use Form 843 ONLY if your claim involves one of the taxes shown on line 8a or a refund or about	
Name of claimant Address (number, street, and apt. or suite no. or rural route)(List P.O. box if mail is not delivered by the control of the	Telephone number (optional)
Add () () () () () () () () () (()
Address (number, street, and apt. or suite no. or rural route)(List P.O. box if mail is not deliver	ed to street address.)
City, town, or post office, state, and ZIP code	
only, town, or post office, state, and 217 code	
Fill in applicable items—Use attachments	if necessary
1 Your social security number 2 Spouse's social security number 3 Employer	dentification number
4 Name and address shown on return if different from above	
5 Period—prepare a separate Form 843 for each tax period	6 Amount to be refunded or abated
	, 19 \$
7 Dates of payment	
8a Type of tax or penalty	
Employment Estate Excise Gift Penalty IRC section	•
b Request for abatement, credit, or refund of:	
(i) Interest under Rev. Proc. 87-42.	
(ii) Interest under Rev. Proc. 87-43.	
(iii) A penalty or addition to tax as a result of erroneous advice from IRS.	
9 Kind of return filed (see instructions)	110.10
706	990-PF 2290 4720
Other (specify)	
O Explain why you believe this claim should be allowed and show computation of tax re	efund or abatement of interest or penalty.
oder panalties of partity. I deplace that I have exempted the clause realiding accommodate and the	mente and to the best. Disselants Otania
nder penalties of perjury, I declare that I have examined this claim, including accompanying schedules and state my knowledge and belief it is true, correct, and complete.	ments, and to the best Director's Stamp (Date received)
	(Date received)
gnature (Title, if applicable. Claims by corporations must be signed by an officer.) Date	
place - (1
nature Date	